

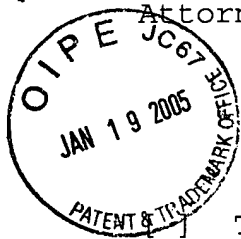
FEE TRANSMITTAL

01-21-05

fw/\$

Application Number 10/608,101
Filing Date June 27, 2003
Inventor(s) John S. Ng et al.
Examiner Name Taofiq A. Solola
Attorney Docket Number PHA 4199.1 (3090/7/US)

Art Unit 1626
Confirmation No. 8072



[] Applicant claims small entity status.

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] 2nd month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$ 450.00

TOTAL AMOUNT OF PAYMENT \$450.00

Janet S. Hendrickson, Ph.D., Reg. No. 55,258
Telephone: 314-231-5400

Date

1/19/05

JSH/dep

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